

staphylococcic vaccine the whole of the suppuration had disappeared, leaving his face studded with non-inflamed comedones. The ultimate pathology of acne is, in my opinion, still unknown, and will probably be found to lie in some form of toxæmia, but I am convinced that it is a retro-grade step to look upon it as a specific infective disease caused by this one very ubiquitous organism.

I am, Sir, yours faithfully,

April 14th, 1909.

ARTHUR WHITFIELD.

## AMPUTATION THROUGH THE HIP-JOINT.

To the Editor of THE LANCET.

SIR,—In the two cases of amputation through the hip-joint reported in THE LANCET of April 3rd by Mr. E. W. Roughton and Mr. T. P. Legg, I notice that the femoral artery and vein were first tied, but it is not stated whether any interval was made between the ligation of the artery and vein. In March of last year I had to operate at the Government Hospital for an enormous sarcoma of the femur. I first tied the femoral artery, and then, after an interval of about three minutes with the limb elevated, ligatured the vein. My idea was that the blood in the limb would thus to a great extent drain back into the patient's body and thus be instrumental in preventing shock. The same principle is involved in the use of the Esmarch bandage, but, of course, in a case of malignant disease this would be out of the question. Wyeth's pins were then introduced and the operation completed in the usual way. The pulse, which was 120 before operation, rose to 130 after completing the disarticulation. A saline and brandy enema was then administered, and before the patient left the theatre his pulse had sunk again to 118 and was of good volume and tension. From the point of view of shock, therefore, the operation was very satisfactory. The patient's recovery was rapid, the wound healing by primary union, but as he has never been seen since his discharge from hospital I cannot say whether recurrence ever took place. Mr. Legg says: "When amputation through the hip-joint is done for periosteal sarcoma of the femur the muscles should be cut as closely as possible to their pelvic attachments; this is impossible in Wyeth's method." This may be so, but I would venture to suggest that whatever method be adopted (direct abdominal pressure, Wyeth's pins, &c.) the blood in the limb should be first drained into the body in the manner I have indicated. The importance of ligating artery first and vein later after an interval may be well recognised by operating surgeons, but I do not think the point is sufficiently emphasised in the average text-book.

I am, Sir, yours faithfully,

A. WEBB JONES, F.R.C.S. Eng.,

Surgeon, Government Hospital, Alexandria.

Alexandria, Egypt, April 11th, 1909.

## THE INTERNAL ANTISEPTIC TREATMENT OF INFLUENZA.

To the Editor of THE LANCET.

SIR,—From time to time we find antiseptics given internally for various diseases, but no one, to the best of my knowledge, has ever advocated a systematic and universal use of the same. I will deal with the simple treatment of influenza. It has been stated by five or six eminent men that there is no preventive treatment for this disease. I find it impossible to agree with this, as proved in numerous cases and from personal experience. Quinine has been advocated, but it often fails. Failures are turned into successes if carbolic acid is given with it. This is a prescription which I think curative as well as preventive:—

R Quin. disulph. gr. ii.,  
Ac. carbolic. (pur.), glycerini aa gr. iiss.,  
Ac. hydrobromic dil. ʒi.,  
Tr. hydrast. aquos. ʒi.,  
Aq. ad ʒviii. ft. mist.

Sign. An eighth part three times a day, one hour after food. If case is severe every three hours, one hour after food.

No doubt the small dose of quinine will cause some to smile, but the old saying about "the proof of the pudding" applies in this case, and as this dosage has been given for so many years and in some thousands of cases with a death-rate of about 1 per 1000, I have excellent reason to believe in it. Moreover, large doses often defeat the end in view. Some

lung cases, and those that have been weakened by salicylates, do better for a time with a prescription of ammon. carb., glycerine acid. carbolic., and tinctura cinchon. co. The old system of profuse sweating in influenza is most mischievous and often leads to lung complications and a long convalescence. Everyone is agreed that rest, warmth, and good, light, nourishing food, with fresh air, are correct treatment. I condemn strongly the use of salicylate of sodium or any other preparation of salicylic acid in influenza; they seem to relieve but at the expense of the bodily strength, especially the heart, and, as a rule, convalescence is prolonged after their use. Alcohol is injurious and can only be permitted sometimes and with careful watching in pneumonia after influenza. Nitrate of potash, vinum antimoniale, and tinctura aconiti are, in my opinion, drugs that ought to be consigned to the scrap-heap. The heart power must be kept up and it may be necessary to add strophanthus or digitalis to the mixture, but not in large doses. There are many patients with chronic debility after influenza who for months or even years have tried all sorts of tonics and change of air with very often but little improvement. I have seen many in Bournemouth and have found that the quinine mixture always puts them right in a short time. Special treatment is not required for the pains in the head and limbs in influenza, as the great point to bear in mind is that these varying symptoms are simply manifestations of one and the same toxin that has veritable protean possibilities, and must be eliminated by its proper antidote, which I have mentioned.

I am, Sir, yours faithfully,

Leeds, April 6th, 1909.

F. W. CORY.

\* \* Mr. Cory's note is intended to support the general use of antiseptics internally, but we doubt if the argument will be considered a very strong one. But a prescription which has proved of practical use has always some claims on publication.

## THE PROXIMATE FACTOR OF DELIRIUM TREMENS.

To the Editor of THE LANCET.

SIR,—In his letter to THE LANCET of April 17th, Mr. F. S. D. Hogg, referring to continuous and periodic drunkards, states that "the latter are just as liable to suffer from delirium tremens as are the former." I am loth to believe that this is a considered pronouncement on his part. It is not in accordance with generally received views, and it is entirely opposed to my own experience at the Norwood Sanatorium. In every case which occurred in that institution in past years, the patient was a continuous drinker; no purely periodic drunkard ever suffered. The majority were patients who rarely became intoxicated and then but slightly so; some had not been intoxicated for years. The latter are not, strictly speaking, drunkards at all; they have established a high grade of *tolerance of alcohol* and can only be said to suffer from chronic alcoholism. Such are strictly comparable to chronic morphinists, who, through long persistence in their habit, have eventually succeeded in establishing a high grade of tolerance of morphia, and the results of sudden withdrawal are in both cases analogous. Of course, there are chronic alcoholists who suffer from recurrent inebriety also, and these are equally prone to develop delirium on sudden withdrawal. But here the primary factor of the complication is the chronic, not the intermittently exaggerated, drinking. It is true, however, that a drunken outburst in one who habitually takes large quantities of alcohol without becoming intoxicated does often lead him, in a fit of remorse, to become suddenly an abstainer, and in such cases the drunken fit may properly be regarded as the *indirect* factor of the delirium. But even here the *proximate* factor is the sudden abstention.

I do not suppose that Mr. Hogg intentionally suggests that the occurrence of delirium tremens at Norwood in the past was due to ignorance on my part of the well-known sedative and hypnotic influence of the bromides and chloral hydrate. As a matter of fact, practically all the cases arose in spite of the prophylactic influence of such drugs, the frequent uselessness of which was peculiarly well shown on two occasions. Bromides in massive doses were given through the day and hypnotics at bedtime. As a result several hours' satisfactory